

**BILLINGS COUNTY**

TAX EQUALIZATION &amp; ZONING OFFICE

PHONE: (701) 623.4810 • FAX: (701) 623.4761

495 4<sup>TH</sup> STREET • PO BOX 247 - MEDORA, ND 58645-0495[LARTHAUD@ND.GOV](mailto:LARTHAUD@ND.GOV), [DAWANNER@ND.GOV](mailto:DAWANNER@ND.GOV)**APPLICATION FOR BUILDING & ZONING CERTIFICATE**

DATE ISSUED: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

**INSTRUCTIONS:**

1. For new buildings and additions to existing buildings, complete entire form
2. Include all necessary drawings in the space provided and attach any house plans, surveys, etc. of the property to application
3. Return completed application and fees to the Tax Equalization & Zoning Office before proposed upcoming zoning meeting which is posted at <http://www.billingscountynd.gov/BillingsCountyZoning.htm>

**CERTIFICATE FEES, CHECK ALL THAT APPLY:**

- ☐ \$200.00 ..... Single-Family Residential
- ☐ \$200.00 ..... Multi-Family Residential
- ☐ \$200.00 ..... Singlewide Mobile Home
- ☐ \$200.00 ..... Doublewide Mobile Home
- ☐ \$200.00 ..... Garage or Storage Building
- ☐ \$200.00 ..... Commercial Building
- ☐ \$200.00 ..... Industrial Building
- ☐ \$200.00 ..... Conditional Use Permit
- ☐ \$200.00 ..... Temporary Use Permit
- ☐ \$200.00 ..... Change of Use of Land

**LOCATION OF PROPOSED STRUCTURE:**

- ☐ Rural Billings County  
Address: \_\_\_\_\_

\$ \_\_\_\_\_ Total

Please pay only \$200.00 per application.  
Make Check Payable to: Billings County

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**TYPE OF PERMIT:**

- ☐ Zoning Certificate
- ☐ Variance Requested ..... A variance is needed if the building proposal does not meet ordinance requirements and cannot reasonably be changed to meet standards.
- ☐ Conditional Use ..... Use of lands or structures which are not considered a desired use of lands or structures within a described zoning district.
- ☐ Temporary Use ..... Uses of lands or structures which are deemed allowable by the Billings County Board of County Commissioners for prescribed length of time shall be known as temporary.

**ESTIMATED VALUE OF CONSTRUCTION AND IMPROVEMENTS:** \$ \_\_\_\_\_**LEGAL DESCRIPTION OF BUILDING SITE:**

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Qtr/Qtr: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

**CONSTRUCTION WILL BEGIN BY:** \_\_\_\_\_ **AND BE FINISHED NO LATER THAN:** \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**DESCRIPTION OF LOT:**

- ☐ Interior Lot  
☐ Corner Lot  
☐ Isolated Parcel

Acreage or Square Feet of Parcel: \_\_\_\_\_

Lot Depth: \_\_\_\_\_ Lot Width: \_\_\_\_\_

**PRESENT USE:**

- ☐ Residential      ☐ Agricultural      ☐ Public  
☐ Commercial      ☐ Industrial      ☐ Vacant

**PRESENT STRUCTURES, CHECK THAT APPLY:****SIZE:****TOTAL NUMBER OF STRUCTURES:**

- ☐ Residence \_\_\_\_\_  
☐ Garage \_\_\_\_\_  
☐ Shop \_\_\_\_\_  
☐ Storage Shed \_\_\_\_\_  
☐ Barn/Ag Outbuildings \_\_\_\_\_  
☐ Other \_\_\_\_\_

**TOPOGRAPHY:****VEGETATION %:****PREDOMINANT SOIL TYPE:**

- ☐ Flat      ☐ Trees \_\_\_\_\_  
☐ Moderate Slope      ☐ Shrubs \_\_\_\_\_  
☐ Hilly      ☐ Grasses \_\_\_\_\_  
☐ Steep Slope/Badlands      ☐ Barren \_\_\_\_\_

**SEWAGE DISPOSAL:**

- ☐ No Plumbing  
☐ Septic Tank with Drain Field\*  
☐ Holding Tank\*  
☐ Fryburg Septic System

\* Septic and Holding Tanks require a permit from the Southwestern District Health Unit.

Address: 2869 3<sup>rd</sup> Ave W  
Dickinson, ND 58601  
Phone: (701) 483-0171  
Toll Free: 1-800-697-3145

**WATER:**

- ☐ No Plumbing      ☐ Southwest Water      ☐ Drilling New Well  
☐ City Water      ☐ Existing Well

**ZONING TYPE:**

- ☐ Agricultural      ☐ Residential      ☐ Single-Family Residential  
☐ Mobile Home      ☐ Commercial      ☐ Multi-Family Residential  
☐ Industrial      ☐ Public Use

**PROPOSED ACTION:**

☐ New Construction    ☐ Addition to Existing Structure    ☐ Move-In Structure    ☐ Shelterbelt

**PROPOSED USE:**

☐ Residential    ☐ Commercial    ☐ Storage    ☐ Recreational  
☐ Garage    ☐ Public Use    ☐ Agricultural    ☐ Industrial

**CONSTRUCTION TYPE:**

☐ Wood Frame  
☐ Wood Pole Frame  
☐ Steel Frame  
☐ Masonry or Concrete  
☐ Dirt Floor  
☐ Concrete Floor  
☐ Other \_\_\_\_\_

**APPLICANT COMMENTS OR FURTHER INFORMATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIMENSIONS OF STRUCTURE(S):**

USE: \_\_\_\_\_ X \_\_\_\_\_ NUMBER OF STORIES: \_\_\_\_\_ WALL HEIGHT: \_\_\_\_\_

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SIDING TYPE: \_\_\_\_\_ INSULATION: ☐ Yes ☐ No

ROOF COVERING: \_\_\_\_\_ INSULATION: ☐ Yes ☐ No

FOUNDATION TYPE: \_\_\_\_\_ DEPTH: ☐ 8 Feet ☐ 4 Feet ☐ Concrete Slab

BASEMENT: ☐ Yes ☐ No TOTAL BASEMENT SQUARE FOOTAGE: \_\_\_\_\_ FINISHED SQ FT: \_\_\_\_\_

ELECTRICITY: ☐ Yes ☐ No

HEATING SYSTEM: ☐ Yes ☐ No TYPE: \_\_\_\_\_

AIR CONDITIONING: ☐ Yes ☐ No TYPE: \_\_\_\_\_

**HIGHWAY & LOT LINE SETBACK REQUIREMENTS:**

All buildings or structures shall adhere to the following public road or highway setback requirements:

1. One hundred fifty (150) feet from the edge of the right-of-way of county highways, secondary county and township roads and major arterial streets.
2. One Hundred Three (103) feet from the center line of collector streets.
3. Shelterbelts shall be located a distance of not less than one hundred fifty (125) feet from the centerline of state and county highways, secondary county and township roads & major arterial streets.



[illegible]

**TO BE COMPLETED BY THE ZONING DIRECTOR****REVIEW OF ZONING CERTIFICATE**

**Is the proposed structure openly permitted in the Zoning District in which it is proposed?**

☐ Yes ☐ No

**If not, mark appropriate box(es) below:**

☐ Conditional Use ☐ Temporary Use ☐ Variance Requested

**PROPOSED BUILDING COMPLIANCE WITH ZONING ORDINANCE**

CONCERNS:	ADEQUATE	INADEQUATE	NOT APPLICABLE
Lot Setbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structure Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screens or Buffers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Quality Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Service Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Road Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Does the proposed structure meet District requirements of lot size, soil capabilities, lot setbacks, highway access, height restriction and off-street parking?**

☐ Yes ☐ No

**If no, in which way does the proposed structure violate requirements?**

**The Application as Submitted Is:**

☐ Approved ☐ Denied ☐ Deferred to Zoning Commission & Public Review

**If denied or deferred, reason for decision:**

**Zoning Director Signature**

**Date**